

**Washington State Department of Health
Public Health Laboratory & Tuberculosis Program**

RFLP Request

Date: _____

Requesters Name: _____ **Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Reason for request (e.g., suspected false pos. culture, epidemiological link: _____

Findings:

Requesters Information

NAME	TIMS #	PHL #	RX Start date	Date req'd	Date recorded	County ID #

CDC Completion

Name	Spoligotype	MIRU Type	MIRU Pattern	FP Type	Band #

Impression: _____

Action Taken: _____